

North Derbyshire, South Yorkshire and Bassetlaw Commissioning Consortium

NORTH TRENT CANCER NETWORK

North Trent Cancer Network Work Plan 2011-2013

1 Introduction

Improving Outcomes: A Strategy for Cancer was published in January 2011 and aims to put patients, service users and members of the public at the heart of decisions about their care. In order to achieve this the Strategy:

- a) Sets out actions to tackle the preventable causes of cancer by:
 - (i) Providing better information about risk factors
 - (ii) How communities and individuals might work to minimise them
 - (iii) Steps to continue to improve the experience of cancer patients
 - (iv) Support the increasing number of survivors
- b) Describes the ways in which choice for patients in their care will be extended and implemented throughout the health and social care systems, informing both the decisions taken by NHS organisations now and the methods through which the mandate for the NHS Commissioning Board may be discharged
- c) Identifies the gaps in information on health outcomes to ensure that patients are empowered, in consultation and with support of their clinicians, to exercise real choice through:
 - (i) The extension of national clinical audit
 - (ii) Strengthened patient voice delivered by HealthWatch

2 Improvements in Outcomes

The Strategy recognises the importance of ensuring that health and social care are orientated towards delivering the improvements in outcomes for people with cancer and prioritised through the high level outcomes contained within both “Transparency in Outcomes: NHS Outcomes Framework 2011/12 and Health Lives: Healthy People: Transparency in Outcomes” both published within the last two months. Outcome Strategies set out how the NHS, public health and social care services contribute to this ambition and this Outcomes Strategy:

- a) Sets out the work which the public health service will be charged with undertaking to deliver the necessary improvements in prevention, raising awareness of cancer symptoms and achieving earlier diagnosis.
- b) Outlines the resources the NHS Commissioning Board will be able to draw on to drive improvements in the quality of NHS Cancer Commissioning including:
 - (i) Commissioning support packs
 - (ii) NICE Quality Standards
 - (iii) Indicators for inclusion in incentive payments for providers

- c) Identifies ways in which best practice approaches to cancer commissioning can be disseminated for use by pathfinder consortia through the transition and beyond.
- d) Recognises the importance of research in reducing the burden of cancer and improving outcomes. Research includes, prevention, screening and epidemiology, health services research, research to support those living with cancer and those nearing the end of life.

Outcome strategies recognise that government can achieve more in partnership with others than it can alone and they establish and build on the platforms of joint working. During the transition, the Department of Health will lead on the development of these outcomes strategies, taking account of the input of the NHS Commissioning Board and Public Health England as they emerge in shadow form.

3 Work Plan 2011/13

The work plan presented to Cancer Board provides a high level summary of the aims of the Cancer Strategy outlines the national actions and describes the local activities linked to the each priority area for the next two years and crucially builds on the significant work that has already been progressed to date.

The NHS Outcomes Framework 2011/12 has five domains and the Cancer Strategy suggests a number of possible indicators linked to each domain. The work plan is therefore structured to link the domains to each priority area where possible.

Priority areas include:

- a) Cancer intelligence underpins the Cancer Strategy and includes:
 - (i) Collating and publishing high quality information that commissioners and providers need about incidence, prevalence and survival, as a basis for planning services
 - (ii) Information for patients to support choice
 - (iii) Outcome information for all stages of the pathway.
 - (v) Equity
- b) Awareness. Earlier diagnosis and screening
- c) QIPP and the use of incentives including CQUINs
- d) GP Commissioning and working with pathfinder consortia
- e) Working through the transition and building on the existing partnerships between the NHS and public health and developing self management models of care working with cancer charities, primary care and social care.

4 Recommendations

Cancer Board is asked to support the cancer network work plan for 2011/13.

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